



City
of
Milwaukee

EMPLOYMENT APPLICATION
for
**NETWORK COORDINATOR
ASSOCIATE**
Milwaukee Water Works

RETURN APPLICATION TO:
Dept. of Employee Relations
Room 706, City Hall
200 E. Wells St.
Milwaukee, WI 53202-3554
(414) 286-3751
TDD (414) 286-2960
www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT:

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on page 2.
4. Staple together all pages of your application.
5. Keep a copy of completed application materials for your files.

<p>Name _____ Last First M.I.</p> <p>Address _____ Apt. # _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Email: _____</p> <p>Day phone: (____) _____ - _____</p> <p>Evening phone: (____) _____ - _____</p> <p>Cell phone: (____) _____ - _____</p>	<p>Do you currently live in the city of Milwaukee?</p> <p><input type="checkbox"/> Yes. When did you become a resident? (month/year) _____</p> <p><input type="checkbox"/> No</p> <p><i>NOTE: City employees must live in the City. Residency proof will be required as stated under qualifications for the position applied for.</i></p> <p>List any other names by which you have been known on official records: _____</p>				
<p>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</p>					
<p>List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:</p>					
<table style="width: 100%;"><tr><td style="width: 25%;">TYPE</td><td style="width: 25%;">NUMBER (if any)</td><td style="width: 25%;">TYPE</td><td style="width: 25%;">NUMBER (if any)</td></tr></table>		TYPE	NUMBER (if any)	TYPE	NUMBER (if any)
TYPE	NUMBER (if any)	TYPE	NUMBER (if any)		
<p>OPEN RECORDS/PUBLIC INFORMATION</p> <p>The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.</p> <p>If you do not wish us to reveal your identity, please check the following box: <input type="checkbox"/></p>					
<p>Are you legally authorized to work permanently for any employer within the United States? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>There may be a possibility of employment with other organizations. If so, may we refer your name? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):</p>					
<p>If you are CURRENTLY <input type="checkbox"/> or were PREVIOUSLY <input type="checkbox"/> employed by the City of Milwaukee, list the following:</p> <p>Position Title _____ Employee ID# _____</p> <p>Department _____ From (month/yr) to (month/yr) _____</p>					

If you have ever been convicted of a felony or misdemeanor, or have felony or misdemeanor charges pending, list details below.

If you have NEVER been convicted of a felony or misdemeanor, and have no felony or misdemeanor charges pending, please fill in NO below.

YOU MUST PROVIDE YOUR BIRTHDATE ON THE PAGE 11 OF THIS APPLICATION. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. In the space below list your CHARGE, DATE, LOCATION, COURT and DISPOSITION OF CASE.

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Felony and misdemeanor convictions not reported on the application may be cause for rejection or discharge.

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE _____ **DATE** _____

CONDITIONS OF EMPLOYMENT:

Are you willing and able to do the following?

Respond to technical emergencies during non-standard hours?	Yes _____	No _____
Lift and move computer hardware and accessories weighing up to 35 lbs.?	Yes _____	No _____

PLEASE READ BEFORE COMPLETING THIS APPLICATION:

*We recognize this questionnaire may take some time to complete, but it is a required part of the selection process. Only the best-qualified candidates will be given further consideration. Because we must base comparisons on similar and job-related information, all candidates will be evaluated from their completed responses to the information requested on this questionnaire. **If you attach a resume, the information on the resume will not be substituted for any of the information requested to be completed on this questionnaire.** It is in your own best interest to include complete and accurate responses to all the information requests. If you need more space, attach additional pages using the same format. Any information you give may be checked for accuracy.*

EDUCATION AND TRAINING

- Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12
- Did you graduate from High School? ☐ Yes ☐ No
- If Yes, Name and Location of High School _____
- Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

EDUCATION AND/OR TRAINING BEYOND HIGH SCHOOL

- A. Do you hold an **Associate's Degree**? ☐ Yes ☐ No
 Major: _____ Minor: _____
 College or University: _____ Date: _____
- B. Do you hold a **Bachelor's Degree**? ☐ Yes ☐ No
 Major: _____ Minor: _____
 College or University: _____ Date: _____
- C. If no, have you earned some undergraduate credits? ☐ Yes ☐ No Number of credits = _____
 Area(s) of study: _____
 College or University: _____ Date: _____
- D. Please describe any other education, training or professional seminars you have successfully completed that may relate to this position. *(Be sure to include name of institution and dates.)*
- _____
- _____
- _____
- _____

NOTE: Copies of transcripts should be submitted with application or sent to staffinginfo@milwaukee.gov or to the City of Milwaukee, Department of Employee Relations, Attention: NWCA, 200 E Wells St, Room 706, Milwaukee, WI 53202 (Student copies are acceptable.).

PROFESSIONAL ACCOMPLISHMENTS OR ACTIVITIES

- A. Do you currently hold any professional designations, certifications or licenses related to this position?

Microsoft Certified Systems Engineer (MCSE) certification Yes _____ No _____
MCITP (Microsoft Certified IT Professional) certification Yes _____ No _____

Please list any others here: _____

PROFESSIONAL ACCOMPLISHMENTS OR ACTIVITIES (continued...)

B. Are you now or have you been a member of any professional organizations related to this position or other related fields? If yes, indicate:

NAME OF ORGANIZATION	LENGTH OF MEMBERSHIP	OFFICES HELD

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Treat each change of job title for the same organization as a separate entry. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position. If more space is needed, please make additional copies of this page, or attach additional sheets.

Current or Last Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title, and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

Current or Last Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title, and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

EMPLOYMENT HISTORY (continued...)

Current or Last Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title, and Phone Number	Reasons for leaving:
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Current or Last Employer	From: _____ To: _____ month/year month/year
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Supervisor's Name, Title, and Phone Number	Reasons for leaving:
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Current or Last Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title, and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

PROFESSIONAL EXPERIENCE

Please describe your specific experience and accomplishments in each of the following areas, including extent of involvement, level of responsibility and frequency. For each answer, please identify the employer where this experience was gained. Attach additional pages if more space is needed.

DESCRIBE YOUR EXPERIENCE:

- 1. Assisting in the management, administration, configuration, operation, and support of network operating systems, infrastructure, servers, and network clients to ensure availability and security of LAN/WAN/Internet/Intranet services to authorized users. (NOTE: See page 8 to list specific computer software skills.):**

- 2. Identifying, troubleshooting, and resolving problems with network systems and infrastructure, office automation systems, and related hardware:**

- 3. Documenting networks, procedures, standards, and systems configuration:**

- 4. Receiving, logging, tracking, and escalating problem reports and technology-enhancement requests:**

- 5. Maintaining inventory and warranty records for network and computer equipment, software, and peripherals:**

DESCRIBE YOUR EXPERIENCE:

6. Scheduling repairs of network and computer equipment and peripherals as needed:

7. Developing and testing new systems and applications for both mainframe and client server applications:

8. Working with others in a team setting:

9. Interacting with customers (internal or external), co-workers, and vendors:

10. Briefly add anything else not covered above that you feel will add to your qualifications:

***PLEASE TURN THE PAGE TO LIST YOUR SPECIFIC
COMPUTER SOFTWARE SKILLS.***

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process? _____ Yes _____ No

If yes, what kind of accommodations will you need?

_____ A signer

_____ Extra time

_____ A reader

_____ Other (Please describe) _____

Comments: _____

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

MILITARY SERVICE

Qualified veterans who obtain passing scores on open competitive examinations may be entitled to have additional points added to their scores. Individuals entitled to veteran's preference points also include disabled veterans, spouses of certain disabled veterans or unremarried spouses of eligible veterans who were killed in action or died of a service-connected disability. Candidates must qualify under Wisconsin state statutes defining veterans for this purpose.

Wisconsin State Statute 230.16(7m)(a) defines a "veteran" as a person who fulfills at least one of the following requirements:

1. Served on active duty in the U.S. armed forces for at least 180 days, not including training.
2. Was discharged from the U.S. armed forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. department of veterans affairs to have been incurred during active duty.
3. Was honorably discharged from the U.S. armed forces.
4. Is eligible to receive federal veterans benefits.

Documentation Required

If you are an eligible veteran, you must attach an undeleted copy of your DD-214. Undeleted means that the copy you submit must include the bottom portion that indicates the type of discharge you received. If you have not yet been released from active duty, you may present individual orders or a letter from your commanding officer attesting to honorable service and the dates thereof, instead of the DD-214. If you are the spouse of a disabled wartime veteran whose disability is at least 70%, or if you are the un-remarried spouse of a veteran who was killed in action or died of a service-connected disability, you may be eligible to claim preference points. In addition to the documentation described above, you must also provide documentation of your relationship to the veteran and of the veteran's compensable disability.

Do you claim veteran's preference points based on the criteria listed above?

Yes _____ No _____

SIGNATURE _____ DATE _____